

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 589265

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3		1	1			
4		3	1			
5		1	1			
6		1	1			
7		1	1			
8		1	1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
13		1	1			
14		1	1			
15		1	1			
16		1	1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	4		1			
22	4		1			
23	1		1			
24	1		1			
25	1		1			
26			1			
27			1			
28			1			
29			1			
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41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2		2			
TOTAL DEP.	31	←	29	←		
TOTAL CLAIMS	33		31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←		↓		
TOTAL CLAIMS			←		←	